



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 17 2025
BY 2899
AA.

1. Entity ID Number <u>1712362</u>	2. Exact name of the Corporation <u>Dent Flux Inc</u>		
3. Principal Office Address <u>482 Waterman Avenue</u>		City <u>East Providence</u>	State <u>RI</u>
		Zip <u>02914</u>	
4. NAICS Code <u>81190</u>	6. Brief description of the character of business conducted in Rhode Island <u>Auto Body Repair</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Michael Quintanilha</u>		Vice-President Name	
Street Address <u>30 Kathleen Ct.</u>		Street Address	
City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>100</u>	<u>CNP</u>	

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative <u>Michael Quintanilha</u>	Date <u>2-17-2025</u>
Signature of Authorized Representative 	

MAIL TO:
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